



## FOIA Request Form

Requester's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Describe the record requesting:

I understand that a fee may apply associated with this request, and that it may take up to 10 Business days, if necessary, to fill this request due to the large volume of material. I understand that if it is determined that some or all of the materials which I requested to review or have copied may not be disclosed, I will receive a written denial including reason for denial and explaining my right to appeal.

\_\_\_\_\_  
Signature of Requester

\_\_\_\_\_  
Date

Granted \_\_\_\_\_ Denied \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

\_\_\_\_\_  
Signature of FOIA Officer

\_\_\_\_\_  
Date